



## Complete Summary

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### TITLE

Endoscopy and polyp surveillance: percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

### SOURCE(S)

Physician Consortium for Performance Improvement®, American Society for Gastrointestinal Endoscopy (ASGE), American Gastroenterological Association (AGA), National Committee for Quality Assurance (NCQA). Endoscopy and polyp surveillance physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 19 p. [6 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

### RATIONALE

In the average-risk population, colonoscopy screening is recommended in all current guidelines at 10-year intervals. Inappropriate interval recommendations can result in overuse of resources and can lead to significant patient harm.

Performing colonoscopy too often not only increases patients' exposure to procedural harm, but also drains resources that could be more effectively used to adequately screen those in need. The most common serious complication of colonoscopy is post-polypectomy bleeding.

Variations in the recommended time interval between colonoscopies exist for patients with normal colonoscopy findings. In a 2006 study of 1282 colonoscopy reports, recommendations were consistent with contemporaneous guidelines in only 39.2% of cases and with current guidelines in 36.7% of cases. Further, the adjusted mean number of years in which repeat colonoscopy was recommended was 7.8 years following normal colonoscopy.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Colonoscopy is recommended approximately every 10 years for average-risk individuals (Davila et al, 2006). The completeness of the examination and the quality of the preparation should be taken into account for the timing of subsequent examinations. After a good-quality colonoscopy examination without findings of colon cancer or adenomatous polyps is performed, further screening tests (e.g., Fecal Occult Blood Test [FOBT]) should not be done for approximately 10 years (Davila et al, 2006).

## **PRIMARY CLINICAL COMPONENT**

Screening colonoscopy; follow-up interval

## **DENOMINATOR DESCRIPTION**

All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [ASGE guideline: colorectal cancer screening and surveillance.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Krist AH, Jones RM, Woolf SH, Woessner SE, Merenstein D, Kerns JW, Foliaco W, Jackson P. Timing of repeat colonoscopy: disparity between guidelines and endoscopists' recommendation. Am J Prev Med 2007 Dec;33(6):471-8. [PubMed](#)

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement  
National reporting

## Application of Measure in its Current Use

### CARE SETTING

Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Age greater than or equal to 50 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### **INCIDENCE/PREVALENCE**

See the "Rationale" field.

### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

### **BURDEN OF ILLNESS**

Unspecified

### **UTILIZATION**

Unspecified

### **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### **IOM CARE NEED**

Staying Healthy

### **IOM DOMAIN**

Effectiveness

## Data Collection for the Measure

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

**Inclusions**

All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy

Refer to the original measure documentation for administrative codes.

**Exclusions**

Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., above average risk patient, inadequate prep)

**RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

**DENOMINATOR (INDEX) EVENT**

Diagnostic Evaluation  
Encounter

**DENOMINATOR TIME WINDOW**

Time window is a single point in time

**NUMERATOR INCLUSIONS/EXCLUSIONS****Inclusions**

Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

**Exclusions**

None

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Encounter or point in time

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure**

**SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties**

**EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information**

**ORIGINAL TITLE**

Measure #1: appropriate follow-up interval for normal colonoscopy in average risk patients.

**MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

**MEASURE SET NAME**

[Endoscopy and Polyp Surveillance Physician Performance Measurement Set](#)

**SUBMITTER**

American Medical Association on behalf of the American Society of Gastrointestinal Endoscopy, American Gastroenterological Association, Physician Consortium for Performance Improvement®, and National Committee for Quality Assurance

## **DEVELOPER**

American Gastroenterological Association  
American Society of Gastrointestinal Endoscopy  
National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

## **FUNDING SOURCE(S)**

Unspecified

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

John Allen, MD MBA, AGAF (Gastroenterology) (*Co-chair*); Doug Faigel, MD (Gastroenterology) (*Co-chair*); Nancy Baxter, MD, PhD, FACRS, FACS (Colon and Rectal Surgery); Stephen Bickston, MD, AGAF (Gastroenterology); Joel V. Brill, MD, AGAF, FASGE, FACG, CHCQM (Gastroenterology); Kirk Brandon, MBA (Business Administration/Coding); Jason A. Dominitz, MD, MHS, AGAF (Gastroenterology); Ira L. Flax, MD, FACG (Gastroenterology); Karen E. Hall, MD, PhD (Geriatrics); Robert Haskey, MD, FACS (General Surgery, Health Plan representative); Brian C. Jacobson, MD, MPH (Gastroenterology); David Lieberman, MD (Gastroenterology); Klaus Mergener, MD, PhD, CPE, FACP, FACG, FASGE, FACPE (Gastroenterology); Bret Petersen, MD, FASGE (Gastroenterology); Irving M. Pike, MD, FACG (Gastroenterology); Bart Pope, MD (Family Medicine); Harry Sarles, MD, FACG (Gastroenterology); Kay Schwebke, MD, MPH (Specialty: Internal Medicine, Infectious Diseases & Medical Informatics); Tom Lynn, MD (Medical Informatics, Methodology); Emily E. Volk, MD, FCAP (Pathology); Michael Weinstein, MD (Specialty: Gastroenterology)

*American Gastroenterological Association:* Debbie Robin, MSN, RN, CHCQM

*American Society for Gastrointestinal Endoscopy:* Jill Blim; Chris Recker, RN, MPH; Martha Espronceda

*American College of Gastroenterology:* Julie Cantor-Weinberg, MPP

*American Medical Association:* Joseph Gave, MPH; Karen Kmetik, PhD; Shannon Sims, MD, PhD; Beth Tapper, MA

*Consortium Consultants:* Rebecca Kresowik; Timothy Kresowik, MD

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **INCLUDED IN**

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2008 Aug

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

Physician Consortium for Performance Improvement®, American Society for Gastrointestinal Endoscopy (ASG), American Gastroenterological Association (AGA), National Committee for Quality Assurance (NCQA). Endoscopy and polyp surveillance physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Aug. 19 p. [6 references]

## **MEASURE AVAILABILITY**

The individual measure, "Measure #1: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients," is published in "Endoscopy and Polyp Surveillance Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on February 26, 2009. The information was verified by the measure developer on April 13, 2009.

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